U.S. Department of Labor Office of Labor-Management -Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

his report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	his report is manuatory under F.L. 60-257, as amended, Failure to comply may fest	it in climinal prosecution, lines, or civil penalties as provided by 29 0.5.0 439 or 440.	
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1. File Number: U - Color 201 / 2004 Through: 12 / 31 / 2004 3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name DAniel L. Hughes A. Name, file number, and address of labor organization. Name BBW Local Union 702 Labor Organization File Number 022-643 P.O. Box, Bildg., Room No., if any P.O. Box 4 3 Street Street City West Frankfort State T. ZIP Code +4 24477 State 111 ino1s ZIP Code +4 62896 5. Position in labor organization. 9x0x4y1y2 Coumy Tic Enter appropriate data below if, during the past fiscal year, you or your spouse or milnor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): Enter appropriate data below if, during the past fiscal year, you or your spouse or milnor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): Enter appropriate data below if, during the past fiscal year, you or your spouse or milnor child directly or indirectly had any of the following interests Enter appropriate data below if, during the past fiscal year, you or your spouse or milnor child directly or indirectly had any of the following interests Enter appropriate data below if, during the past fiscal year, you or your spouse or milnor child directly or indirectly had any of the following interests Enter appropriate data below if, during the past fiscal year, you or your spouse or milnor child directly or indirectly had any of the following interests A. Held an interest in, engaged in transaction in the past fiscal year, you or your spouse or milnor child directly or indirectly had any of the following interests B. Name and address of Employer (including trade name, if any). Figure 1. A. Name 1. BEW Local Union 702 Labor Organization File Number Organization File Number O22-643 P.O. Box, Bulding and Room Number, and Room Num			
3. Name and address of person filing. Name A Name A Name Name		2. Fiscal Year Covered From:	
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P.O. Box, Bidg., Room No., if any Pobox 68 P.O. Box Building and Room Number, if any Street 106 North Monroe Street City Near Frankfort State 111 India 2IP Code +4 62896 5 Position in labor organization. QCOC44910 & Commit Tick Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with concerved income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seaking to represent. 6. Name and address of Employer (including trade name, if any). Name 7. A. Nature of Interest, Transaction, or income. Street 104 City 105 City 106 City 107	3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
P.O. Box, Bidg., Room No., if any Po. box Street Street 106 North Monroe Street City Neg Po. Box, Building and Room Number, if any Street 106 North Monroe Street City Nest Frankfort State 111inois 2IP Code +4 62896 5. Position in labor organization. Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derives income or other economic benefit of monoretary value from an employee whose employees your organization represents or is actively seeking to represent. 5. Name and address of Employer (including trade name, if any). 7.a. Nature of interest, Transaction, or income. 7.b. Amount. Signature 15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information comained in any accompanying documents), has been examined by the signatory and is, to the best of the dersigned Adam Adam On 2-24-05 (18 8 3 7 4 8). Signed Adam Adam On 2-24-05 (18 8 3 7 4 8).	Name Daniel L Hughes	Name IBEW Local Union 702	
Street City Neo ga City West Frankfort State Image: Street City West Frankfort State Image:		Labor Organization File Number 022-643	
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State T.L. ZIP Code +4 62947 State Illinois ZIP Code +4 62896 5. Position in labor organization. Qx O x y i y 2 Comm Te Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any T.b. Amount. Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the derisigned's knowledge and helief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Adam Adam On 7-24:05 6 R.R. 3 3 / 4 8	Street	Street 106 North Monroe Street	
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	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the		
Date Telephone Number	Signed Lan Hug hu	on 7-24.08 618 783 3148	
		Date Telephone Number	

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or my part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		111111111111111111111111111111111111111	
Street		many culture and the same of t	
City			
te ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
hand			

File Number U-